PSYCHOSOCIAL SUPPORT IN DISASTERS AS PART OF CRISIS INTERVENTION

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The role of those who offer psychosocial support as part of crisis intervention in the event of aircrash is crucial, as the needs of victims, survivors and families are specific and can not be underestimated. Thus, being attentive to these needs requires specific training and a broad view of the situation, not only from a psychosocial perspective. A group of psychologists who are under regular training to work on crisis related to aviation emergencies worked in two accidents in the year of 2001, in Brazil (its base). The professionals, on the other hand, reised issues related to their personal needs to work properly in actual intervention and to deal with stress caused by this activity. This paper presents a report on the training method and contents and also and evaluation of the experience so that results can be discussed and new inputs can be added. The training experience covers subjects related to the traumatic experience, acute stress factors, death and bereavement, cultural perspectives, communication, post-trauma counseling and psychotherapy, burn-out and compassion fatigue. The method makes use of group discussions, simulated group crisis intervention, case study presentations. The two experiences were very peculiar in the action each one demanded. In the first case, psychosocial support was offered to a large group of employees of an airline, due to the death of the president of the company and his assistant in a helicopter accident. In the second case, one passenger was killed during flight, when a part of the turbine broke the window and hit her. Husband (who was present) and family were immediately assisted and other passengers received immediate assistance and/or in the following weeks. The experience proved positive for immediate and long term needs, with ajustments to be made.

Report of an Experience

In 1996, the Aviation Disaster Family Assistance Act was passed (updated in 2000) and NTSB – National Transportation Safety Board offered the rules for airlines to assist families involved in an airplane accident. The following year, NTSB included another aim, in the Foreign Air Carrier Family Support Act . Brazil is the 2nd country in the world to rule family assistance by the Brazilian Civil Aviation Department, with the Family Assistance Act, dated 2000. All Brazilian airlines are expected to have an emergency plan that includes family assistance in the eventuality of an accident.

How the group started the work. The experience of this group of psychologists started 4 years before the Brazilian Family Assistance Act was passed, when a plane crashed seconds after take off from CGH, São Paulo busiest airport. Ninety nine people died (all passengers and crew members, also people on the ground). Some members of the group of psychologists offered to work with the bereaved people and also with staff of the airline who were traumatized by the accident. Our background is in Clinical Psychology and we were members of a Grief Center of the Pontifical Catholic University of São Paulo, Brazil. The work was done under stress for we were not aware at that time of all the specific needs that we would have to address. We used mainly the resource of active listening, so that people bereaved under trauma could reorganize cognitively their experience. Since then this group developed a deep interest in this area of crisis managemente related to trauma and grief and now we are in a different status to perform our job.

Subsequent steps were taken. Two Brazilian airlines were interested in knowledge on matters related to trauma and grief and we trained their staff, to get them ready for the Family Assistance Act. Many of those who were trained had the responsibility of spreading the knowledge to volunteers and other ones that would be envolved in the plan. The training was given to groups of a maximum number of 25 people, so that we could carry activities that put them in close contact with the contents of the training, in a very active way.

The group has an identity of its own. Along with the trainings that we offer, the group itself also is under constant training. There are presently 18 psychologists in the group, all graduated, many of them are PhD candidates. The co-ordinator of the group holds a PhD in Clinical Psychology, is the founder and co-ordinator of the Grief Center of the University and has experience in other types of emergency situations. We have training meetings every month, with assignments previously determined to each participant, so that we can make the most of the training time. To be part of the group, some personality traits are observed, such as: emotional

stability, alertness to respond in non-ordinary situations, sensitivity to other people´s needs. Conceptual and technical knowledge is also important as the group is aware of the specificity of the situation. Members of the group must agree to be on call 24hs/day, 365 days/year, to be available to travel at any time anywhere and to have the commitment of not to talk to the media regarding their work with emergencies for the period of 5 years after the event.

The aims of the group are: a) to offer especialized psychological support in crisis management, for survivors in the event of accident, catastrophe, emergencies, death and grief, taking into account the different needs, as a preventive action for post-traumatic stress disorder – PTSD - and traumatic grief and b) to develop abilities in the professionals (service receivers and service providers) involved with this activity so that they can provide an effective action, with controled risk for their mental health.

The specificity of the field: being a survivor brings about an experience with some aspects to be considered, such as: the death imprint, survivor guilt, psychic numbing, quest for meaning and nurturance conflicts (Hodgkinson and Stewart, 1998). A survivor is the person who for any reason has been exposed to a risk situation (potential or real) to mental or physical integrity, at different levels and that qualifies his/her experience as potentially damaging. The aspects presented in the survivor experience are those that make this experience unique and that demand a specific action, with attention to aspects as cultural, spiritual and gender issues, developmental phase of the victims, their special needs. A clinical psychologist with a sound clinical experience in private practice or hospital that does not have experience in the field of emergency may not be suitable to do this job, not only for the lack of technical resources but also for the need to take care of oneself to prevent compassionate fatigue.

Crisis intervention: this is offered to a person (or group of people) that presents a crisis reaction, described as the acute stage that usually occurs after the hazardous event and that includes the neurobiology of trauma (Burgess and Roberts, 2000). In our experience we work as a mobile crisis unit, MCU, according to what Ligon (2000) describes. The action is offered at the immediate occurence post-impact (in the first 24 hours after the event) and also at the outreach. Focus is on restauring cognitive functioning over emotional reaction in a safe environment that allows the participant to regain control over future events. NOVA procedures are used (Young, 1998), in the three phases: Safety and Security, Ventilation and Validation, Prediction and Preparation. To perform these three levels of actions, the mental health professional needs to be aware of issues related to communication abilities, psychoneurobiology of trauma, together with a good relation with other professionals that are involved in the accident so that different views does not interfere as opposite views.

Coping with trauma: it requires the evaluation of dimensions of the person, dimensions of the trauma, dimensions of the recovery environment, changes in key assumptions It brings about the issue of post-traumatic stress disorder, with a clear necessity of evaluation: qualifying criteria, re-experience phenomena, avoidance or numbing phenomena, symptoms of increased arousal, duration and effect, acute stress disorders. (Hodgkinson and Stewart, 1998).

Grief and Bereavement: the reactions (shock, disorganisation, denail, depression, guilt, anxiety, agression, resolution, reintegration) also come into the scene for the need of evaluation and intervention planning (Franco, 2002, Young, 1998). The risk factors that are present in grief after a technological disaster as in a transport mass disaster are related to sudden violent death, helplessness, aspects of the death (no body found) and have impact on short and long term actions that are addressed for the airline that provides family assistance.

´The death of the father´: in July 2001, when the president of the airline died, the experience was reported by the employees as if they had become orphans. The president was a father-like person to many of them and it was easily understandable that the company had the same reactions as if a ´real´ father was dead. It was understood as a crisis situation, and even though the Brazilian Family Assistance Act did not mention the offer of support to employees in such a situation, the Flight Safety Department called us to action. First we worked with commercial and technical crew based on the two São Paulo airports (CGH and GRU). We aimed at offering them opportunity to talk about their feelings in a safe environement, with no judgement about them. It was clearly the use of narrative as a cognitive resource to help them to make sense of the loss. Since we stayed with them at the briefing time, just before departure, it was necessary to help them in getting emotionally stable to prevent risks in performance during flight. In a second phase, employees of other areas claimed for psychological support since they were informed that this service was being offered and they identified in themselves a need for such a support. The company

was sensitive to agree with this claim and we worked with check-in staff in both São Paulo airports. We worked for 4 days with them, almost in a 24 hour basis. It was necessary that the co-ordinator of the group managed the shifts and the basic needs of the group so that secondary problems did not arise. A long term informal evaluation showed that the psychological intervention was useful to prevent complicated grief and long term stress reactions.

Suddenly... during cruse, a part of the engine broke, got into the window, hit a passenger in the head and killed her instantaneously. It is needless to say the horrible scene it was. Her husband was sitting beside her and was unable to help her or prevent her from being hit. With a broken window and its effects on flight procedures, capitain managed to land safely and evacuation procedures were done properly. Some passengers were injuried and ground staff was able to handle the situation with a minimuum distress, inspite of all that was involved in such an accident. It happened in a town at a distance of a 1:30h flight from São Paulo, on a Saturday evening and we were called into action to support not only the bereaved husband but also his family, on one side, and passengers and crew on the other side. One of the psychologists flew to the city where the accident happened to give support to the crew and whoever else needed it. As they flew back to São Paulo, some specific needs had been identified and proper support was given. As far as the family of the dead passenger was concerned, as they lived in a town 150 km away from São Paulo, together with social and finantial support that was given to them by the company, two psychologists stayed with the family for 24 hours, to help them in the communication procedures to other family members, with the funeral rituals and in protecting the family members from the approach made by the media. On a subsequent phase, six passengers were seen in brief psychotherapy with focus on the traumatic experience for 3 months aprox.

Lessons learned: there are two different experiences that faced us with the need of different responses to each of them. One lesson that we learnt is that a psychologist that works in crisis management can not perform his/her job without a second psychologist together because due to the risk that a secondary crisis arrives and only one professional will not be able to handle it. Also two professionals working together provides opportunity for physical and mental relief that is necessary from time to time, apart from developing a positive sense of companionship that is crucial in such a demanding job. Another lesson refers to the relationship with the hiring company, since it is clearly known that two languages are spoken from two different (and in some circumstances opposite) points of view. Clinical criteria not always coincide with organizational criteria and psychologists must try to develop a clear communicational relation with the company to garantee that all efforts are put into action for the best interest of the victims.

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References

Burgess, A.W., Roberts, A. R. (2000) Crisis Intervention for Persons Diagnosed with Clinical Disorders Based on the Stress-Crisis Continuum. In Roberts, A. R. (ed.) *Crisis Intervention Handbook; assessment, treatment and research.* (pp. 56-76) New York: Oxford University Press.

Franco, M.H.P.F. (2002) *Estudos Avançados sobre o Luto [Advanced Studies on Grief]* . Campinas, Editora Livro Pleno.

Hodgkinson, P. E., Stewart, M. (1998) *Coping with catastrophe; a handbook of post-disaster psychosocial aftercare.* London, Routledge.

Ligon, J. (2000) Mobile Crisis Units. In Roberts, A. R. (ed.) *Crisis Intervention Handbook; assessment, treatment and research.* (pp. 357-372) New York: Oxford University Press.

Young, M. A. (1998) *The Community Crisis Response Team Training Material.* Washington-DC National Organization for Victim Assistance – NOVA.